CALIFORNIA
Water Boards

GAVIN NEWSOM
GOVERNOR

JARED BLUMENFELD
SECRETARY FOR
ENVIRONMENTAL PROTECTION

State Water Resources Control Board
Division of Drinking Water

March 27, 2019
System No. 5510852

Mr. David Suarez, Chief Plant Operator
Baseline Conservation Camp
16809 Peoria Flat Road
Jamestown, CA 95327

CITATION NO. 03-11-19C-011
TOTAL COLIFORM MONITORING VIOLATION
FOR JANUARY AND FEBRUARY 2019

Enclosed is Citation No. 03-11-19C-011 (hereinafter "Citation"), issued to the Baseline Conservation Camp (hereinafter "Camp"), public water system. Please note that there are legally enforceable deadlines associated with this Citation.

The Camp will be billed at the State Water Resources Control Board's (hereinafter "State Water Board"), hourly rate for the time spent on issuing this Citation. California Health and Safety Code, (hereinafter "CHSC"), Section 116577, provides that a public water system must reimburse the State Water Board for actual costs incurred by the State Water Board for specified enforcement actions, including but not limited to, preparing, issuing and monitoring compliance with a citation. At this time, the State Water Board has spent approximately two hours on enforcement activities associated with this violation.

The Camp will receive a bill sent from the State Water Board in August of the next fiscal year. This bill will contain fees for any enforcement time spent on the Camp for the current fiscal year.

Any person who is aggrieved by a citation, order or decision issued under authority delegated to an officer or employee of the state board under Article 8 (commencing with CHSC, Section 116625) or Article 9 (commencing with CHSC, Section 116650), of the Safe Drinking Water Act (CHSC, Division 104, Part 12, Chapter 4), may file a petition with the State Water Board for reconsideration of the citation, order or decision.

Petitions must be received by the State Water Board within 30 days of the issuance of the citation, order or decision by the officer or employee of the state board. The date of issuance is the date when the Division of Drinking Water mails a copy of the citation, order or decision. If the 30th day falls on a Saturday, Sunday, or state holiday, the petition is due the following business day by 5:00 p.m.

Information regarding filing petitions may be found at:

http://www.waterboards.ca.gov/drinking_water/programs/petitions/index.shtml

If you have any questions regarding this matter, please contact Austin Ferreria of my staff at 559-447-3399 or me at 559-447-3316.

Sincerely,

Kassy D. Chauhan

Kassy D. Chauhan, P.E.
Senior Sanitary Engineer, Merced District
SOUTHERN CALIFORNIA BRANCH
DRINKING WATER FIELD OPERATIONS

Enclosures

Cc: Tuolumne County Environmental Health Division
KDC/mlm

Certified Mail No. 7018 0040 0000 3159 9395

STATE OF CALIFORNIA

STATE WATER RESOURCES CONTROL BOARD

DIVISION OF DRINKING WATER

Name of Public Water System: Baseline Conservation Camp

Water System No: 5510852

Attention: Mr. David Suarez, Chief Plant Operator
Baseline Conservation Camp
16809 Peoria Flat Road
Jamestown, CA 95327

Issued: March 27, 2019

CITATION FOR NONCOMPLIANCE WITH CALIFORNIA HEALTH AND SAFETY CODE, SECTION 116555(a)(1) AND CALIFORNIA CODE OF REGULATIONS, TITLE 22, SECTION 64424(a)(1)

TOTAL COLIFORM MONITORING VIOLATION
JANUARY AND FEBRUARY 2019

The California Health and Safety Code (hereinafter "CHSC"), Section 116650 authorizes the State Water Resources Control Board (hereinafter "State Water Board"), to issue a citation to a public water system when the State Water Board determines that the public water system has violated or is violating the California Safe Drinking Water Act (hereinafter "California SDWA"), (CHSC, Division 104,

Part 12, Chapter 4, commencing with Section 116270), or any regulation, standard, permit, or order issued or adopted thereunder.

The State Water Board, acting by and through its Division of Drinking Water (hereinafter "Division"), and the Deputy Director for the Division, hereby issues Citation No. 03-11-19C-011 (hereinafter "Citation"), pursuant to Section 116650 of the CHSC to the Baseline Conservation Camp (hereinafter "Camp"), for violation of CHSC, Section 116555(a)(1) and California Code of Regulations (hereinafter "CCR"), Title 22, Section 64424(a)(1).

STATEMENT OF FACTS

The Camp is classified as a community water system with a population of 150, serving twelve connections. The Camp operates under Domestic Water Supply Permit No. 03-11-16P-040 issued by the State Water Board on December 8, 2016.

CHSC, Section 116555(a)(1) requires all public water systems to comply with primary drinking water standards as defined in CHSC, Section 116275(c). Primary drinking water standards include maximum levels of contaminants and the monitoring and reporting requirements as specified in regulations adopted by the State Water Board that pertain to maximum contaminant levels.

CCR, Title 22, Section 64424(a)(1), states that for a water supplier that normally collects one or fewer samples per month, a repeat sample set shall collect at least four samples for each total coliform-positive sample.

CCR Title 22, Section 64424(d), states that if a public water system for which fewer than five routine samples/month are collected has one or more total

coliform-positive samples, the water supplier shall collect at least five routine samples the following month. A water supplier may request the State Board waive the requirement to collect at least five routine samples the following month, but a waiver will not be granted solely on the basis that all repeat samples are total coliform-negative.

CCR Title 22, Section 64423.1(c), states that analytical results of all required samples collected for a system in a calendar month shall be reported to the State Water Board not later than the tenth day of the following month…".

When collecting the repeat sample set, the water supplier shall collect at least one repeat sample from the sampling tap where the original total coliform-positive sample was taken. Other repeat samples shall be collected within five service connections upstream or downstream of the original site. At least one sample shall be from upstream and one from downstream unless there is no upstream and/or downstream service connection.

The State Water Board received laboratory results for one bacteriological sample collected during January 2019 from the Camp that tested positive for total coliform bacteria, negative for Escherichia coli (*E. coli*) bacteria. As of the date of this Citation, the State Water Board has received no results for repeat bacteriological samples taken during January 2019. The following month of February 2019, only one sample of the required five routine samples was received from the Camp.

DETERMINATION

The Camp was required to collect four repeat bacteriological samples during January 2019 following the one total coliform-positive routine sample. The Camp

failed to collect the required number of repeat bacteriological analytical samples for January 2019. Therefore, the State Water Board has determined that the Camp has failed to comply with drinking water standards pursuant to CHSC, Section 116555(a)(1) and CCR, Title 22, Section 64424(a)(1) during January 2019.

The Camp was required to collect five routine bacteriological samples during February 2019 following the month with one total coliform-positive sample. The Camp failed to collect the required number of routine bacteriological analytical samples for February 2019.

DIRECTIVES

The Camp is hereby directed to take the following actions:

1. By **April 15, 2019,** notify all persons served by the Camp of the violation of CCR, Title 22, Section 64424(a)(1), in conformance with Sections 64463.4(b) and (c) and 64465. Appendix 1: Notification Template must be used to fulfill this Directive, unless otherwise approved by the State Water Board.

2. Complete Appendix 2: Compliance Certification Form. Submit it together with a copy of the public notification required by Directive 1 to the State Water Board on or before **April 30, 2019.**

3. Submit the Level 1 Assessment information as required by CCR, Title 22, Section 64426(b)(2) on or before **April 15, 2019**. Template for the Level 1 Assessment is included as Appendix 3 and may also be obtained at:

https://www.waterboards.ca.gov/drinking_water/certlic/drinkingwater/rtcr.shtml

4. Pursuant to CCR, Title 22, Section 64424(d), collect and have analyzed for total coliform bacteria five (5) routine bacteriological samples by **March 31, 2019**.

5. The Camp must include this violation in the 2019 Consumer Confidence Report in accordance with CCR, Title 22, Section 64481(g)(1).

6. By **April 30, 2019,** complete and return to the State Water Board the "Notification of Receipt" form attached to this Citation as Appendix [Appendix 4]. Completion of this form confirms that the Camp has received this Citation and understands that it contains legally enforceable directives(s) with due dates.

All submittals required by this Citation must be electronically submitted to the State Water Board at the following address. The subject line for all electronic submittals corresponding to this Citation must include the following information: Water System name and number, citation number and title of the document being submitted.

Kassy D. Chauhan, P.E.
Senior Sanitary Engineer, Merced District
SOUTHERN CALIFORNIA BRANCH
DRINKING WATER FIELD OPERATIONS
Dwpdist11@waterboards.ca.gov

The State Water Board reserves the right to make modifications to this Citation as it may deem necessary to protect public health and safety. Such

modifications may be issued as amendments to this Citation and shall be effective upon issuance.

Nothing in this Citation relieves the Camp of its obligation to meet the requirements of the California SDWA (CHSC, Division 104, Part 12, Chapter 4, commencing with Section 116270), or any regulation, standard, permit or order issued or adopted thereunder.

PARTIES BOUND

This Citation shall apply to and be binding upon the Camp, its owners, shareholders, officers, directors, agents, employees, contractors, successors, and assignees.

SEVERABILITY

The directives of this Citation are severable, and the Camp must comply with each and every provision thereof notwithstanding the effectiveness of any provision.

FURTHER ENFORCEMENT ACTION

The California SDWA authorizes the State Water Board to: issue a citation or order with assessment of administrative penalties to a public water system for violation or continued violation of the requirements of the California SDWA or any regulation, permit, standard, citation, or order issued or adopted thereunder including, but not limited to, failure to correct a violation identified in a citation or compliance order. The California SDWA also authorizes the State Water Board to take action to suspend or revoke a permit that has been issued to a public water system if the public water system has violated applicable law or regulations or has failed to comply with an order of the State Water Board, and to petition the

superior court to take various enforcement measures against a public water system that has failed to comply with an order of the State Water Board. The State Water Board does not waive any further enforcement action by issuance of this Citation.

Kassy D. Chauhan

3-27-19

Kassy D. Chauhan, P.E.
Senior Sanitary Engineer, Merced District

Date

Appendices [4]:

1. Notification Template
2. Compliance Certification Form
3. Level 1 Assessment Template
4. Notification of Receipt Form

Certified Mail No. 7018 0040 0000 3159 9395

Instructions for Tier 3 Monitoring Violations Annual Notice Template

Template Attached

Since most monitoring violations are included in Tier 3, you must provide public notice to persons served within one year after you learn of the violation [California Code of Regulations, Title 22, Chapter 15, Section 64463.7(b)]. Multiple monitoring violations can be serious. **Each water system required to give public notice must submit the notice to the State Water Resources Control Board, Division of Drinking Water (DDW) for approval prior to distribution or posting, unless otherwise directed by the DDW [64463(b)].**

Notification Methods

You must use the methods summarized in the table below to deliver the notice to consumers. If you mail, post, or hand deliver, print your notice on letterhead, if available.

If You Are a…	*You Must Notify Consumers by…*	*…and By One or More of the Following Methods to Reach Persons Not Likely to be Reached by the Previous Method…*
Community Water System [64463.7(c)(1)]	Mail or direct delivery [(a)]	Publication in a local newspaper
		Posting [(b)] in conspicuous public places served by the water system or on the Internet
		Delivery to community organizations
Non-Community Water System [64463.7(c)(2)]	Posting in conspicuous locations throughout the area served by the water system [(b)]	Publication in a local newspaper or newsletter distributed to customers
		Email message to employees or students
		Posting [(b)] on the Internet or intranet
		Direct delivery to each customer

(a) Notice must be distributed to each customer receiving a bill including those that provide their drinking water to others (e.g., schools or school systems, apartment building owners, or large private employers), and other service connections to which water is delivered by the water system.

(b) Notice must be posted in place for as long as the violation or occurrence continues, but in no case less than seven days.

The notice attached is appropriate for the methods described above, insertion in an annual notice, or included in the Consumer Confidence Report[1]. However, you may wish to modify it before using it for posting. If you do, you must still include all the

[1] CCR may be used as long as public notification timing, content, and delivery requirements are met [64463.7(d)].

required elements and leave the standard language for monitoring and testing procedure violations and notification language in italics unchanged. This language is mandatory [64465].

You may need to modify the template for a notice for individual monitoring violations. The template presents violations in a table; however, you may write out an explanation for each violation if you wish. For any monitoring violation for volatile organic compounds (VOCs) or other groups, you may list the group name in the table, but you must provide the name of every chemical in the group on the notice (e.g., in a footnote). An example is shown in the table below.

Contaminant	*Required Sampling Frequency*	*Number of Samples Taken*	*When All Samples Should Have Been Taken*	*When Samples Were or Will Be Taken*
VOCs [(a)]	1 sample every 3 years	None	2002 – 2005	February 2006

(a) Benzene; Carbon Tetrachloride; 1,2-Dichlorobenzene; 1,4-Dichlorobenzene; 1,1-Dichloroethane; 1,2-Dichloroethane; 1,1-Dichloroethylene; cis-1,2-Dichloroethylene; trans-1,2-Dichloroethylene; Dichloromethane; 1,2-Dichloropropane; 1,3-Dichloropropene; Ethylbenzene; Methyl-*tert*-butyl ether; Monochlorobenzene; Styrene; 1,1,2,2-Tetrachloroethane; Tetrachloroethylene; Toluene; 1,2,4-Trichlorobenzene; 1,1,1-Trichloroethane; 1,1,2-Trichloroethane; Trichloroethylene; Trichlorofluoromethane; 1,1,2-Trichloro-1,2,2-Trifluoroethane; Vinyl Chloride; and Xylenes.

You may need to modify the notice if you had any monitoring violations for which monitoring later showed a maximum contaminant level or other violation. In such cases, you should refer to the public notice you issued at that time.

Multilingual Requirement

The notice must (1) be provided in English, Spanish, and the language spoken by any non-English-speaking group exceeding 10 percent of the persons served by the water system and (2) include a telephone number or address where such individuals may contact the water system for assistance.

If any non-English-speaking group exceeds 1,000 persons served by the water system, but does not exceed 10 percent served, the notice must (1) include information in the appropriate language(s) regarding the importance of the notice and (2) contain the telephone number or address where such individuals may contact the water system to obtain a translated copy of the notice from the water system or assistance in the appropriate language.

Population Served

Make sure it is clear who is served by your water system -- you may need to list the areas you serve.

IMPORTANT INFORMATION ABOUT YOUR DRINKING WATER

Este informe contiene información muy importante sobre su agua potable.
Tradúzcalo o hable con alguien que lo entienda bien.

Monitoring Requirements Not Met for Baseline Conservation Camp

Our water system failed to monitor as required for drinking water standards during the past year and, therefore, was in violation of the regulations. Even though this failure was not an emergency, as our customers, you have a right to know what you should do, what happened, and what we did to correct this situation.

We are required to monitor your drinking water for specific contaminants on a regular basis. Results of regular monitoring are an indicator of whether or not our drinking water meets health standards. During January and February 2019, we did not complete all monitoring or testing for total coliform bacteria and E. coli bacteria and therefore, cannot be sure of the quality of our drinking water during that time.

What should I do?

- There is nothing you need to do at this time.
- The table below lists the contaminant(s) we did not properly test for during the last year, how many samples we are required to take and how often, how many samples we took, when samples should have been taken, and the date on which follow-up samples were (or will be) taken.

Contaminant	*Required Sampling Frequency*	*Number of Samples Taken*	*When All Samples Should Have Been Taken*	*When Samples Were or Will Be Taken*
Total Coliform Bacteria; E. coli bacteria	Four (4) repeat samples	0	January 2019	By March 31, 2019
Total coliform bacteria	Five (5) routine samples	1	February 2019	By March 31, 2019

- If you have health issues concerning the consumption of this water, you may wish to consult your doctor.

Corrective Actions

In your notice, describe corrective actions you took or are taking. Listed below are some steps commonly taken by water systems with monitoring violations. Choose the appropriate language, or develop your own:

- "We have since taken the required samples, as described in the last column of the table above. The samples showed we are meeting drinking water standards."
- "We have since taken the required samples, as described in the last column of the table above. The sample for [contaminant] exceeded the limit. [Describe corrective action; use information from public notice prepared for violating the limit.]"
- "We plan to take the required samples soon, as described in the last column of the table above."

After Issuing the Notice

Send a copy of each type of notice and a certification that you have met all the public notice requirements to the DDW within ten days after you issue the notice [64469(d)]. You should also issue a follow-up notice in addition to meeting any repeat notice requirements the DDW sets.

It is recommended that you notify health professionals in the area of the violation. People may call their doctors with questions about how the violation may affect their health, and the doctors should have the information they need to respond appropriately.

It is a good idea to issue a "problem corrected" notice when the violation is resolved.

What happened? What is being done?

The laboratory did not notify the Camp in a timely manner. Proper number of required bacteria samples were not collected. The Camp contacted the Lab and by March 31, 2019, all required samples will be collected.

For more information, please contact David Suarez at 209-984-5287.

Please share this information with all the other people who drink this water, especially those who may not have received this notice directly (for example, people in apartments, nursing homes, schools, and businesses). You can do this by posting this public notice in a public place or distributing copies by hand or mail.

Secondary Notification Requirements

Upon receipt of notification from a person operating a public water system, the following notification must be given within 10 days [Health and Safety Code Section 116450(g)]:

- SCHOOLS: Must notify school employees, students, and parents (if the students are minors).
- RESIDENTIAL RENTAL PROPERTY OWNERS OR MANAGERS (including nursing homes and care facilities): Must notify tenants.
- BUSINESS PROPERTY OWNERS, MANAGERS, OR OPERATORS: Must notify employees of businesses located on the property.

This notice is being sent to you by Baseline Conservation Camp.

State Water System ID#: 5510852. Date distributed: _____.

APPENDIX 2. COMPLIANCE CERTIFICATION

Citation Number: 03-11-19C-011

Name of Water System: Baseline Conservation Camp

System Number: 5510852

Certification

I certify that the users of the water supplied by this water system were notified of the bacteriological monitoring violation of California Code of Regulations, Title 22, Section 64424(a)(1) for the compliance period of and the required actions listed below were completed.

Required Action	Date Completed
(Citation Directive 1) Public Notification Method(s) Used: _____	
(Citation Directive 3) Complete and Submit Level 1 Assessment	
(Citation Directive 4) Collect five (5) routine bacteriological samples and have samples analyzed for Total Coliform & E.coli bacteria in the month following the violation.	

_____ _____

Signature of Water System Representative Date

Attach a copy of the public notice distributed to the water system's customers with a copy of the laboratory results from the 5 routine bacteriological samples.

THIS FORM MUST BE COMPLETED AND RETURNED TO THE STATE WATER BOARD, DIVISION OF DRINKING WATER, NO LATER THAN APRIL 30, 2019

Disclosure: Be advised that the California Health and Safety Code, Sections 116725 and 116730 state that any person who knowingly makes any false statement on any report or document submitted for the purpose of compliance with the Safe Drinking Water Act may be liable for, respectively, a civil penalty not to exceed five thousand dollars ($5,000) for each separate violation or, for continuing violations, for each day that violation continues, or be punished by a fine of not more than $25,000 for each day of violation, or by imprisonment in the county jail not to exceed one year, or by both the fine and imprisonment.

Appendix 4 – Notification of Receipt

Citation Number: 03-11-19C-011

Name of Water System: Baseline Conservation Camp

System Number: 5510852

Certification

I certify that I am an authorized representative of the Baseline Conservation Camp and that Citation No. 03-11-19C-011 was received on _____. Further I certify that the Citation has been reviewed by the appropriate management staff of the Baseline Conservation Camp and it is clearly understood that Citation No. 03-11-19C-011 contains legally enforceable directives with specific due dates.

_____ _____

Signature of Water System Representative Date

THIS FORM MUST BE COMPLETED AND RETURNED TO THE STATE WATER BOARD, DIVISION OF DRINKING WATER, NO LATER THAN APRIL 30, 2019

Disclosure: Be advised that the California Health and Safety Code, Sections 116725 and 116730 state that any person who knowingly makes any false statement on any report or document submitted for the purpose of compliance with the Safe Drinking Water Act may be liable for, respectively, a civil penalty not to exceed five thousand dollars ($5,000) for each separate violation or, for continuing violations, for each day that violation continues, or be punished by a fine of not more than $25,000 for each day of violation, or by imprisonment in the county jail not to exceed one year, or by both the fine and imprisonment.

REVISED TOTAL COLIFORM RULE (RTCR) – LEVEL 1 ASSESSMENT-SURFACE WATER

This form is intended to assist public water systems in completing the investigation required by the federal revised Total Coliform Rule (rTCR) [effective April 1, 2016] and may be modified to take into account conditions unique to the water system. **To avoid a violation, an assessment report must be completed and returned to your local regulatory agency no later than 30 days after the coliform treatment trigger date.**

CALIFORNIA Water Boards
STATE WATER RESOURCES CONTROL BOARD
REGIONAL WATER QUALITY CONTROL BOARDS

ADMINISTRATIVE INFORMATION

Entity Name: PWSID NUMBER: System Type:	Name	System Address & Email	Telephone Number
Operator in Responsible Charge (ORC)			
Person that collected TC samples			
System Owner			
Certified Laboratory for Microbiological Analyses			
Date Investigation Completed:			
Month(s) of Coliform Treatment Technique Trigger:			

INVESTIGATION DETAILS

SOURCE – RAW SURFACE WATER	(Name)	COMMENTS (attach additional pages if needed)
1. Inspect the surface water intake for physical defects and report findings		
2. Is the intake secured to prevent unauthorized access?		
3. To what treatment plant (name) is the water supplied from this intake?		
4. How often do you collect a total coliform (TC) sample from the raw water?		
5. Provide the date and result of the last TC test at this location		
6. Any additional observation (unusual condition, etc.)?		

TREATMENT	PLANT (NAME)	COMMENTS (attach additional pages if needed)
PRE-FILTRATION TREATMENT		
1. Do you provide any treatment prior to filtration?		
2. If yes, specify type of treatment provided.		
3. Did you experience any problems with the pre-filtration treatment when the coliform treatment trigger occurred? If yes, specify.		
4. Do you provide pre-chlorination?		
5. Specify the point of pre-chlorination?		
6. Was the chlorination system working properly when the coliform treatment trigger occurred?		
7. Have you recently changed the pre-chlorination dosage?		
8. Any additional observation, information?		

REVISED TOTAL COLIFORM RULE (RTCR) – LEVEL 1 ASSESSMENT FORM-SURFACE WATER SYSTEM

FILTRATION TREATMENT		COMMENTS
1. What kind of filters do you have (Pressure or Gravity, Media specifications)		
2. How many filters are there?		
3. What is the capacity of each filter in gpm?		
4. What is the capacity of the treatment plant in gpm?		
5. What is the filter loading rate for each filter (gpm per sq. ft.)?		
6. How many filters were in service when the coliform treatment trigger occurred?		
7. Did any filter experience any operational problems when the trigger happened?		
8. Did you experience any problems with the filter backwashing process?		
9. Did the combined effluent from the treatment plant experience any turbidity failures or levels above normal values when the coliform treatment trigger occurred?		
10. Did any individual filter exceed the turbidity standard when the coliform treatment trigger occurred?		
11. How often do you backwash your filters? Is it based on a timer or effluent turbidity?		
12. Are the filters backwashed with treated water? Specify backwash rate and duration.		
13. When was the last time you inspected your filter media?		
14. When was the last time you changed your filter media?		
15. Did you notice any mud balls in the filters when you last inspected your filters?		
16. Were alarms and/or auto shutdowns properly set or functioning?		
If No, please explain.		
17. Any additional observation, information?		
CHLORINATION TREATMENT		
1. What kind of disinfectant do you add?		
2. Where do you add the disinfectant (specify location)?		
3. What was the chlorine residual in the treatment plant effluent?		
4. What was the chlorine residual in the distribution system?		
5. Did the treatment plant effluent lose chlorine residual? If yes, how long?		
6. Did the distribution system lose chlorine residual? If yes, how long?		
7. If you provide continuous chlorination treatment, was there any equipment failure?		
8. Inspect each point where disinfectant is added and report findings		
a. For hypochlorinator systems		
1. Is the disinfectant feed pump feeding disinfectant?		
2. What is the feed rate of disinfectant in ml/minute?		
3. What is the concentration of the disinfectant solution being fed? (percent, or mg/L of chlorine as HOCl)		
4. By what method was the concentration of solution determined? (ex:		

measured, manufacturer's literature)		
5. What is the age (days) of the disinfectant solution currently being used at this treatment location?		
6. What is the raw water flow rate at the point where disinfectant is added in gallons per minute?		
7. What is the **total** chlorine residual measured immediately downstream from the point of application?		
8. What is the **free** chlorine residual measured immediately downstream from the point of application?		
9. What is the contact time in minutes from the point of disinfectant application to the CT compliance point?		
10. Did the treatment plant experience any CT failure due to inadequate chlorine dosage? If yes, specify what happened?		
11. Did the treatment plant experience any CT failure due to inadequate contact time? If yes, specify what happened?		
12. Any additional observation/information?		

DISINFECTION TREATMENT – OTHER THAN CHLORINATION*	PLANT (NAME)	COMMENTS
1. If you provide disinfection treatment other than chlorination, was there any equipment failure?		
a. Did this result in a loss of chlorine residual at the entry point to distribution system? If Yes, how long?		
2. Did the distribution system lose disinfectant residual?		
3. Was emergency chlorination initiated?		
If Yes, when?		
4. Inspect each point where disinfectant is added and report		
a. For **UV** disinfection systems		
1. Is the disinfectant equipment working properly?		
2. What is the dosage of disinfectant?		
3. By what method was the feed rate/residual concentration determined? (ex: measured, manufacturer's literature)		
4. What is the age of the UV lamps currently being used at this treatment location?		
5. What is the raw water flow rate at the point where disinfectant is added?		

*If you have additional disinfection treatments not listed above, please review and provide information on that facility.

REVISED TOTAL COLIFORM RULE (RTCR) – LEVEL 1 ASSESSMENT FORM-SURFACE WATER SYSTEM

STORAGE	TANK (name)	TANK (name)	TANK (name)	TANK (name)	COMMENTS
1. Is each tank locked to prevent unauthorized access?					
2. Are all vents of each tank screened and down-turned to prevent dust and dirt from entering the tank?					
3. Is the overflow on each tank screened?					
4. Are there any unsealed openings in the tank such as access doors, water level indicators hatches, etc.?					
5. Are there any visible leaks in the tanks? Is the exterior of the tank corroded?					
5. Is the roof/cover of the tank sealed and free of any leaks?					
6. Is the tank above ground or buried?					
a. If buried or partially buried, are there provisions to direct surface water away from the site?					
b. Has the interior of the tank been inspected to identify any sanitary defects, such as root intrusion?					
7. Does the tank "float" on the distribution system or are there separate inlet and outlet lines?					
8. What is the **measured** chlorine residual (*circle* total / free) of the water exiting the storage tank **today**?					
9. What is the volume of the storage tank in gallons? How old is the tank?					
10. Is the tank baffled?					
11. Prior to the TC+ or EC+, what was the previous date items #1-7 were checked and documented?					

PRESSURE TANK	TANK (name)	TANK (name)	TANK (name)	TANK (name)	COMMENTS
1. What is the volume of the pressure tank?					
2. What is the age of the pressure tank?					
3. Is the pressure tank bladder type or air compressor type?					
4. Did the pressure tank(s) deviate from normal operating pressure?					
5. Is the compressor pump running more often than normal?					
6. Is the tank bladder(s) is water logged?					
7. Is the tank(s) damaged, rusty, leaking, or has holes?					
8. Was there any recent work performed?					
9. Is the air relief vent (if there is one) on the pressure tank screened and facing downwards?					

REVISED TOTAL COLIFORM RULE (RTCR) – LEVEL 1 ASSESSMENT FORM-SURFACE WATER SYSTEM

DISTRIBUTION SYSTEM	SYSTEM RESPONSES
1. What is the minimum pressure you are maintaining in the distribution system?	
2. Did pressure in the distribution system drop to less than 5 psi prior to experiencing the total coliform positive finding?	
3. Has the distribution system been worked on within the last week (service taps, hydrant flushing, main breaks, main extensions, etc.)? If yes, provide details.	
4. Are there any signs of excavations near your distribution system not under the direct control of your maintenance staff?	
5. Did you inspect your distribution system to check for mainline leaks? Do you or did you have a mainline leak?	
6. If there was a mainline leak, when was it repaired?	
7. On what date was the distribution system last flushed?	
8. Is there a written flushing procedure you can provide for our review?	
9 Do you have an active cross connection control program?	
10. What is name and phone number of your Cross-Connection Control Program Coordinator?	
11. Have all backflow prevention devices in the distribution system been tested annually and if they did not pass, were they repaired/replaced and retested?	
12. On what date was the last physical survey of the system done to identify cross-connections?	

BOOSTER STATION	SYSTEM RESPONSES
1. Do you have a booster pump? How many?	
2. Do you have a standby booster pump if the main pump fails?	
3. Prior to bacteriological quality problems, did your booster pump fail?	
4. Do you notice standing water, leakage at the booster station?	

SAMPLE SITE EVALUATION (Complete for all TC+ or EC+ findings)	Routine Site TC+ or EC+	Upstream Site	Downstream Site	4th Repeat Sample (specify)
1. What is the height of the sample tap above grade? (inches)				
2. Is the sample tap located in an **ext**erior location or is it protected by an				

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SAMPLE SITE EVALUATION (Complete for all TC+ or EC+ findings)	Routine Site TC+ or EC+	Upstream Site	Downstream Site	4th Repeat Sample (specify)
enclosure?				
3. Is the sample tap threaded, have a swing arm (kitchen sink) or aerator (sinks)?				
4. Is the sample tap in good condition, free of leaks around the stem or packing?				
5. Can the sample tap be adjusted to the point where a good laminar flow can be achieved without excessive splash?				
6. Is the sample tap and areas around the sample tap clean and dry (free of animal droppings. other contaminants or spray irrigation systems)?				
7 Is the area around the sample tap free of excessive vegetation or other impediments to sample collection?				
8. Describe how the tap was treated in preparation for sample collection (ran water, swabbed with disinfectant, flamed, etc.)				
9. Is this sample tap designated on the bacteriological sample siting plan (BSSP) as a routine or repeat site?				
10. Were the samples delivered to the laboratory in a cooler and within the allowable holding time?				
11. What were the weather conditions at the time of the positive sample (rainy, windy, sunny)?				

GENERAL OPERATIONS:	Response
1. Has the sampler(s) who collected the samples received training on proper sampling techniques? If yes, please indicate date of last training.	
2. Does the water system have a written sampling procedure and was it followed?	
3. Where there any power outages that affected water system facilities during the 30 days prior to the TC+ or EC + findings?	
4. Were there any main breaks, water outages, or low pressure reported in the service area from which TC+ or EC+ samples were collected?	
5. Does the system have backup power or elevated storage?	
6. During or soon after bacteriological quality problems, did you receive any complaints of any customers' illness suspected of being waterborne? How many?	
7. What were the symptoms of illness if you received complaints about customers being sick?	

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SUMMARY: Based on the results of your assessment and any other available information, what deficiencies do you believe to have caused the positive total coliform sample(s) within your distribution system? *(DO NOT LEAVE BLANK)*

Deficiency #	Deficiency Description
1.	
2.	
3.	
4.	
5.	

CORRECTIVE ACTIONS: What actions have you taken to correct the above mentioned deficiencies? If additional time is needed to correct a deficiency, indicate the date that it will be corrected. *(DO NOT LEAVE BLANK)*

Deficiency #	Corrective Action	Completion/Proposed Date
1.		
2.		
3.		
4.		
5.		

CERTIFICATION: I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

NAME:_____ **TITLE:**_____ **DATE:** _____

Upon review of the Level 1 Assessment Form, the local regulatory agency may require submittal of the following additional information:

- Sketch of system showing all sources, all treatment and chlorination locations, storage tanks, microbiological sampling sites and general layout of the distribution system including the location of all hazardous connections such as the wastewater treatment facility.
- A set of photographs of the source, pressure tanks, and storage tanks in the system may be submitted if they would show that the contamination is directly related and changes have been made since the last inspection by the local regulatory agency.
- Name, certification level and certificate number of the Operator in Responsible Charge.
- Copy of the last cross connection survey performed that identifies the location of all unprotected cross connections.